

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number

09/892,332

Filing Date

June 26, 2001

First Named Inventor

Ching-Wei Chang

Art Unit

2625

Examiner Name

James A. Thompson

Attorney Docket Number

7146.0119

ENCLOSURES (check all that apply)☐ Fee Transmittal Form☒ Fee Attached☐ Amendment / Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Reply to Missing Parts/
Incomplete Application☐ Reply to Missing Parts
under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication to TC☐ Appeal Communication to Board
of Appeals and Interferences☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s)
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Remarks

The Commissioner is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 03-1550.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm

Chernoff, Vilhauer, McClung & Stenzel, L.L.P.
601 S.W. Second Avenue, Suite 1600, Portland, OR 97204

Signature

Printed Name

Kevin L. Russell

Date

July 17, 2008

Reg. No.

38,292

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Typed or printed name

Kevin L. Russell

Date

July 16, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/892,332	
	Filing Date	June 26, 2001	
	First Named Inventor	Ching-Wei Chang	
	Art Unit	2625	
	Examiner Name	James A. Thompson	
Total Number of Pages in This Submission		Attorney Docket Number	7146.0119

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTOL-85B (Issue Fee Transmittal, in duplicate) Return postcard Check in the amount of \$1,740
Remarks The Commissioner is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 03-1550.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Chernoff, Vilhauer, McClung & Stenzel, L.L.P. 601 S.W. Second Avenue, Suite 1600, Portland, OR 97204		
Signature			
Printed Name	Kevin L. Russell		
Date	July 17, 2008	Reg. No.	38,292

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Kevin L. Russell	Date	July 16, 2008

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
Commissioner for Patents
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Alexandria, Virginia 22313-1450
 or **Fax (571)-273-2885**

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

* CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

04/17/2008

Timothy A. Long
 Chernoff, Vilhauer, McClung & Stenzel, LLP
 1600 ODS Tower
 601 S.W. Second Avenue
 Portland, OR 97204-3157



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Kevin L. Russell (Depositor's name)
 (Signature)
 July 16, 2008 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/892,332	06/26/2001	Ching-Wei Chang	TAL/7146.119	1906

TITLE OF INVENTION: ERROR DIFFUSION HALFTONING SYSTEM

07/18/2008 MGEEREN2 00000079 09092332

01 FC:1501

02 FC:1504

1440.00 0p
300.00 0p

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	07/17/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
THOMPSON, JAMES A	2625	358-003030

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Chernoff, Vilhauer,
 McClung & Stenzel
 2
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sharp Laboratories, of America, Inc. Camas, WA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies

- ☒ A check is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1550 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date July 16, 2008

Typed or printed name

Kevin L. Russell

Registration No. 38,292

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